

Name
in
Full

CERTIFICATE OF DEATH

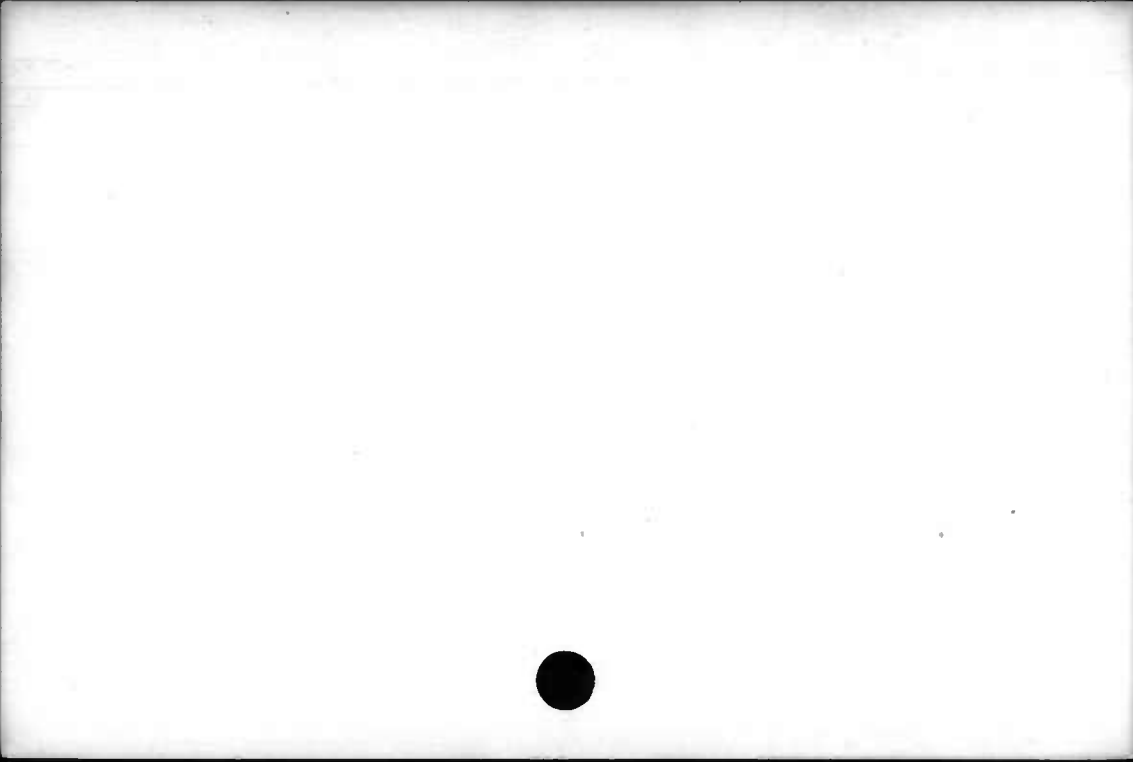
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Assess</i>		County <i>Summit</i>		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death 190 <i>3</i>	<i>2</i>	<i>4</i>	<i>19</i>		<i>-</i>	<i>-</i>	
Sex	Color or Race		Birth-place				
<i>Female</i>	<i>Black</i>		<i>Kd.</i>				
Married, Single or Widowed	Occupation						
<i>Single</i>	<i>Housework.</i>						
Name of Wife or Husband							
<i>-</i>							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
<i>138</i>							
Name of person giving information				How related to deceased			
				<i>Sister</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Eclampsia</i>	How long	<i>3 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>12 hr</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. M. Wilson, M.D.</i>
		Address	<i>Mt Vernon Summit Co., W. Va.</i>
Accident or Suicide?			



Name
in
Full

Esther Barclay

CERTIFICATE OF DEATH

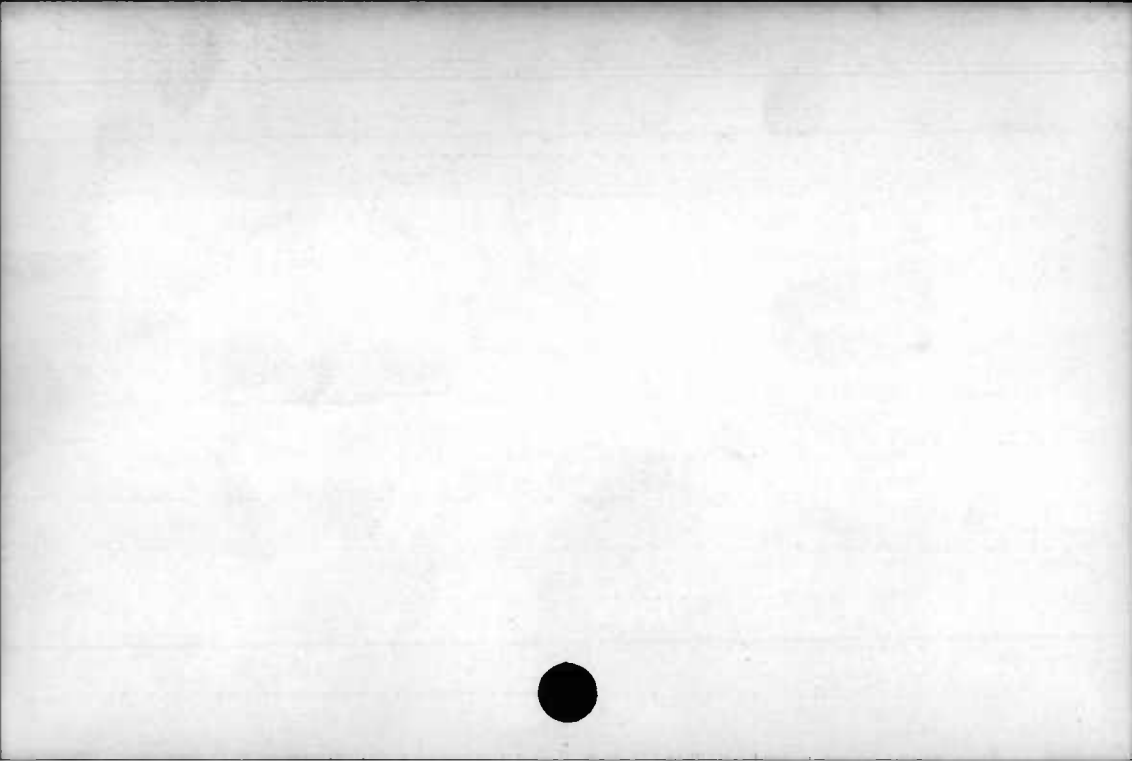
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near P. H. Am</i>		Town <i>P. H. Am</i>		County <i>Farmers-</i>		MARYLAND	
Date of death 1903	Month <i>Feb.</i>	Day <i>7</i>	Age <i>67</i>	Years	Months	Days	
Sex <i>female</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>				
Married, Single or Widowed <i>Married</i>	Occupation <i>House wif</i>						
Name of Wife or Husband <i>Eric Barclay</i>							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving Information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. H. Paul Jones</i>
	Address <i>Princeton, Ind.</i>
Accident or Suicide?	<i>Per J. H. J.</i>



Name
in
Full

Hester Barclay

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Eden</i> Town		<i>Somerset</i> County		MARYLAND	
Date of death 1903	Month <i>Feb</i>	Day <i>7th</i>	Age <i>56</i> Years	Months <i>11</i>	Days <i>6</i>
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed	<i>Married</i>		Occupation <i>Housewife</i>		
Name of Wife or Husband <i>Aurick Barclay</i>					
Father's Name <i>Phillip Graham</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Hennie Waters</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Aurick Barclay</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	

Dr. Paul Jones of Princess Anne
was to see her, and I was told he pronounced
the cause of her death paralysis, but
I had no means of getting certificate
from him before her burial

Geo. E. Hill
Undertaker
Salisbury
Md.

Name in Full

Certificate of Death

Joshua Thomas Beckett

Town

County

Died at

MARYLAND

Date 1903	Month Feb.	Day 21	Age 73	Y. M. D.	Native of Va	Occupation Laborer
Male	White	Married	Widow	Divorced		
Female	Colored	Single	Widower	Number of children living		

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

2 yrs

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79888



Name in Full

Certificate of Death

Died at *Marion* Town *Bivens* County *Sumner* MARYLAND

Date 19 *03* Month *2* Day *9* Age *one, four, m* Native of *md* Occupation *—*

Male *White* Married *Widow* Divorced *—*

Female *Colored* Single *Widower* Number of children living *—*

Husband of *A*

Wife

Father's Name *George H. Bivins* Mother's Maiden Name *Lizzie A. Coulbourn*

Cause of Death { Primary *Premature Birth* How long sick *—*

Death { Immediate *—* Accident, Suicide, Homicide

Reported by *W. F. Hall* *151*

Address *8*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

No name -

CERTIFICATE OF DEATH

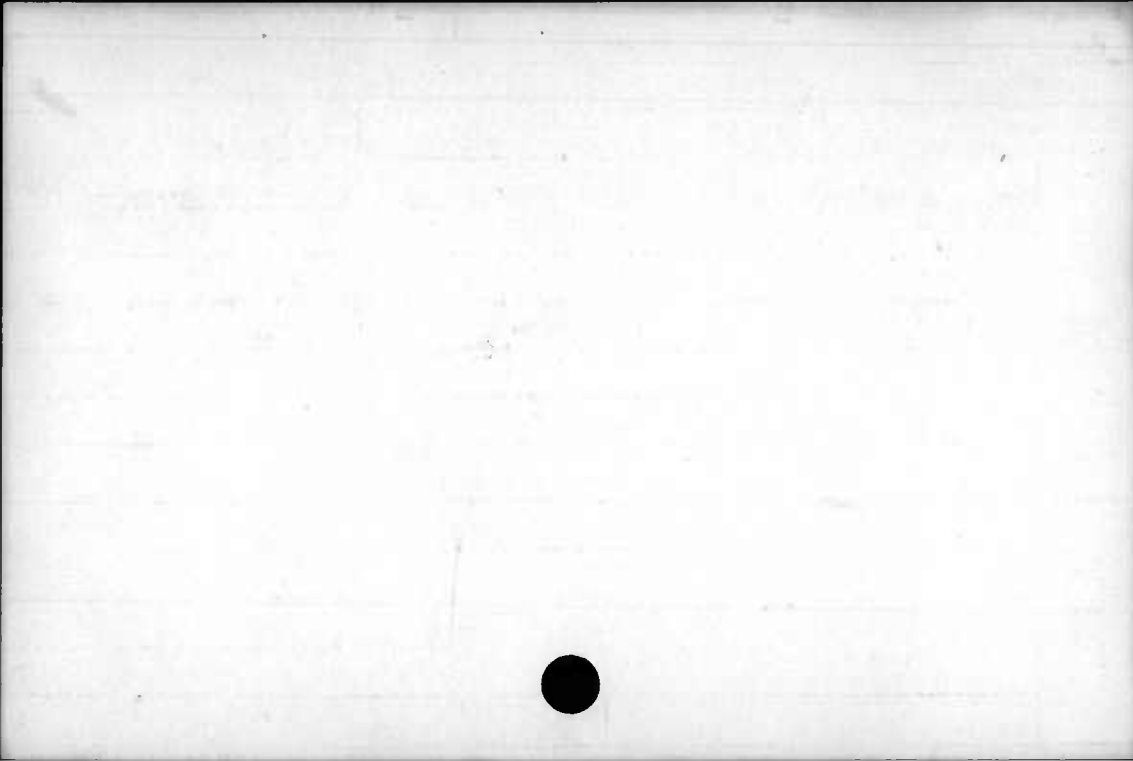
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Centfield</i> ^{Town}		<i>Somerset</i> ^{County}		MARYLAND	
Date of death 1903	<i>July</i> ^{Month}	<i>9</i> ^{Day}	<i>24</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>black</i>		Birth-place <i>Centfield Md</i>		
Married, Single or Widowed <i>X</i>			Occupation <i>X</i>		
Name of Wife or Husband <i>X</i>					
Father's Name <i>Charles Blake</i>			Father's Birthplace <i>unknown</i>		
Mother's Maiden Name <i>Lida Johnson</i>			Mother's Birthplace <i>Centfield Md</i>		
Name of person giving information <i>Isaac J Fields</i>			How related to deceased <i>brother-in-law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Born dead</i>	How long <i>1</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. C. Williams</i>
	Address <i>Centfield Md</i>
Accident or Suicide?	



James Catlin

Town

County

Died at

MARYLAND

Date 19

1903 Feb 5

Age

72 - -

Native of

Fairmount

Occupation

Cysterman

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband

of

Elizabeth A. Catlin

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Valvular Disease of

How long sick

Several Years

Death

Immediate

the Heart

Accident, Suicide, Homicide

Reported by

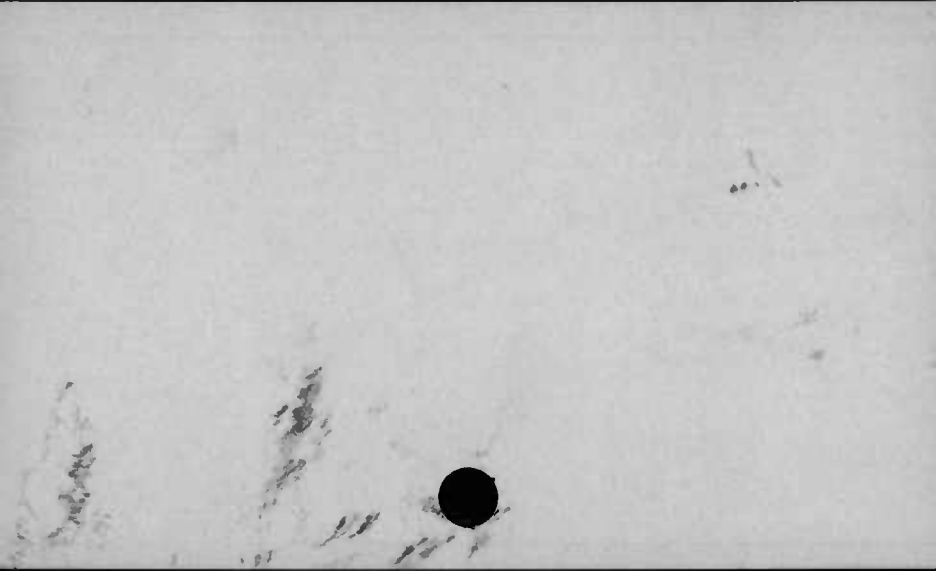
G. E. Dickinson

79

Address

Upper Fairmount

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Lewis Ford

Died at *Marion* Town *Bonneset* County

MARYLAND

Date of death 190 *3* Month *Feb* Day *17* Age *78* Years Months *1* Days *18*

Sex *Male* Color or Race *White* Birth-place *Maryland*

Married, Single or Widowed *Widower* Occupation *Ship Carpenter*

Name of Wife or Husband *Mary J Ford*

Father's Name *Elzie Ford* Father's Birthplace *Maryland*

Mother's Maiden Name *Maria Bonnevillie* Mother's Birthplace *Maryland*

Name of person giving information *Edward G. Ford* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

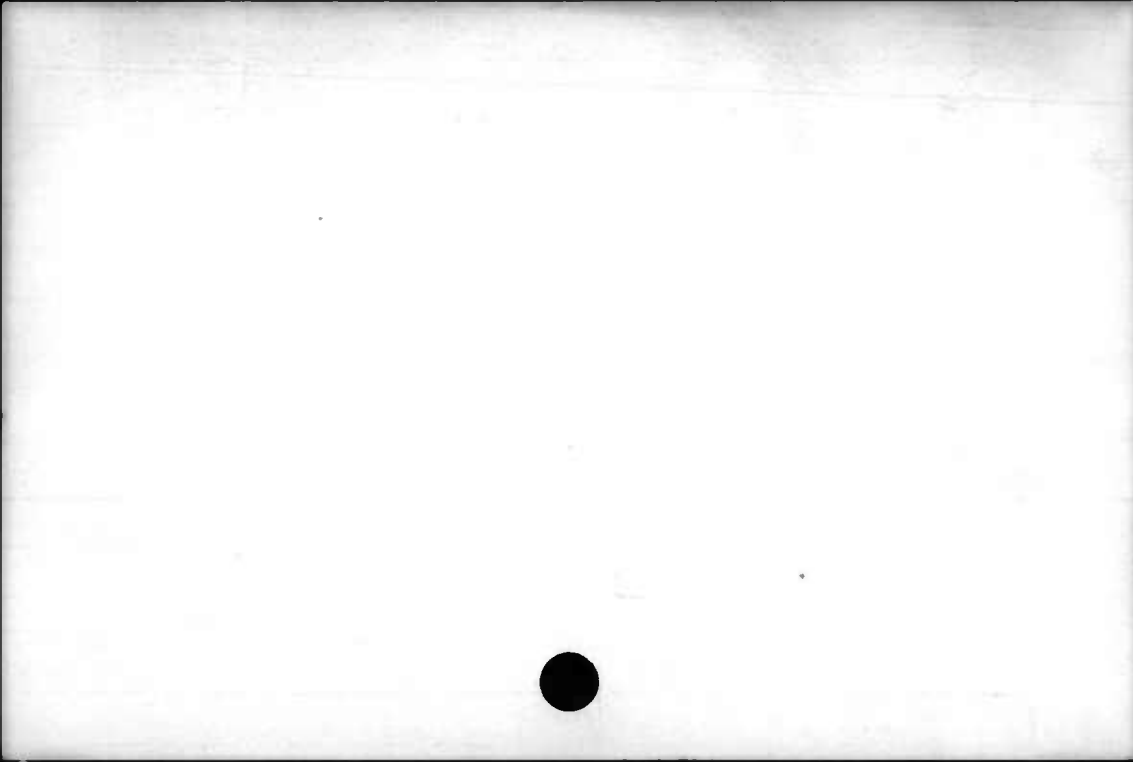
Primary *old age* How long *Two years*

Immediate *asthenia* How long *Three days*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. B. B. Evers M.D.*

Address *Marion Station Ind.*

Accident or Suicide?



Larr Garrison

Died at ^{Town} Mt Vernon ^{County} Somerset Co MARYLAND

Date 19 03 Month 2 Day 19 Age 61 Y. M. D. Somerset Native of Somerset Occupation

~~Male~~ White Married Widow Divorced
 Female Colored Single Widower Number of children living 2

Husband of John Garrison
 Wife

Father's Name Mother's Name

Cause of Primary Pneumonia How long sick 15 months
~~Death~~ Immediate Accident, Suicide, Homicide

Reported by C. M. Washell & BrosAddress

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Isaac Harris

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

None

Husband
of
WifeFather's
NameMother's
Maiden Name

Cause of

Primary

Death

Immediate

Heart failure

How long sick 3 months

Accident, Suicide, Homicide

Reported by

Daniel W. Jones

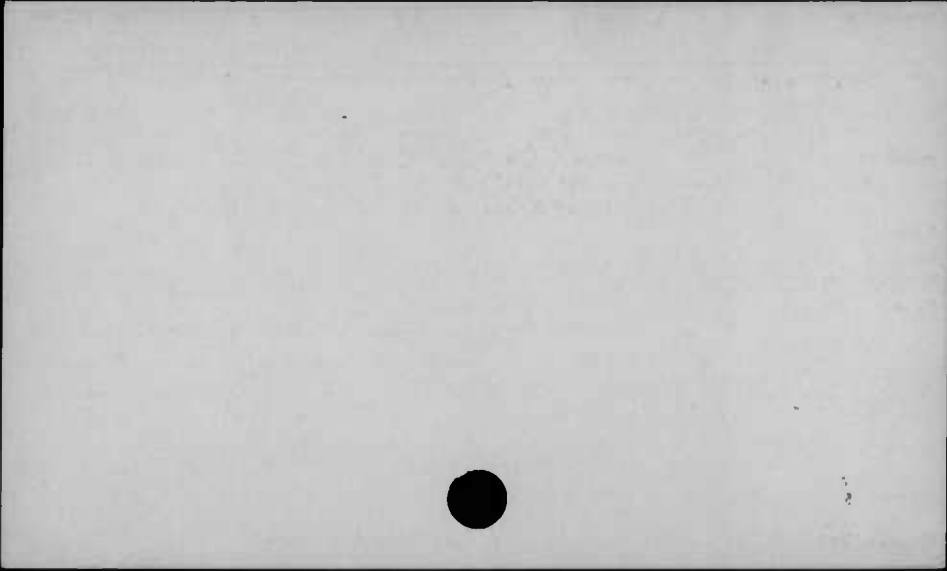
M.D.

Address

Principes Avenue

Somerset Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

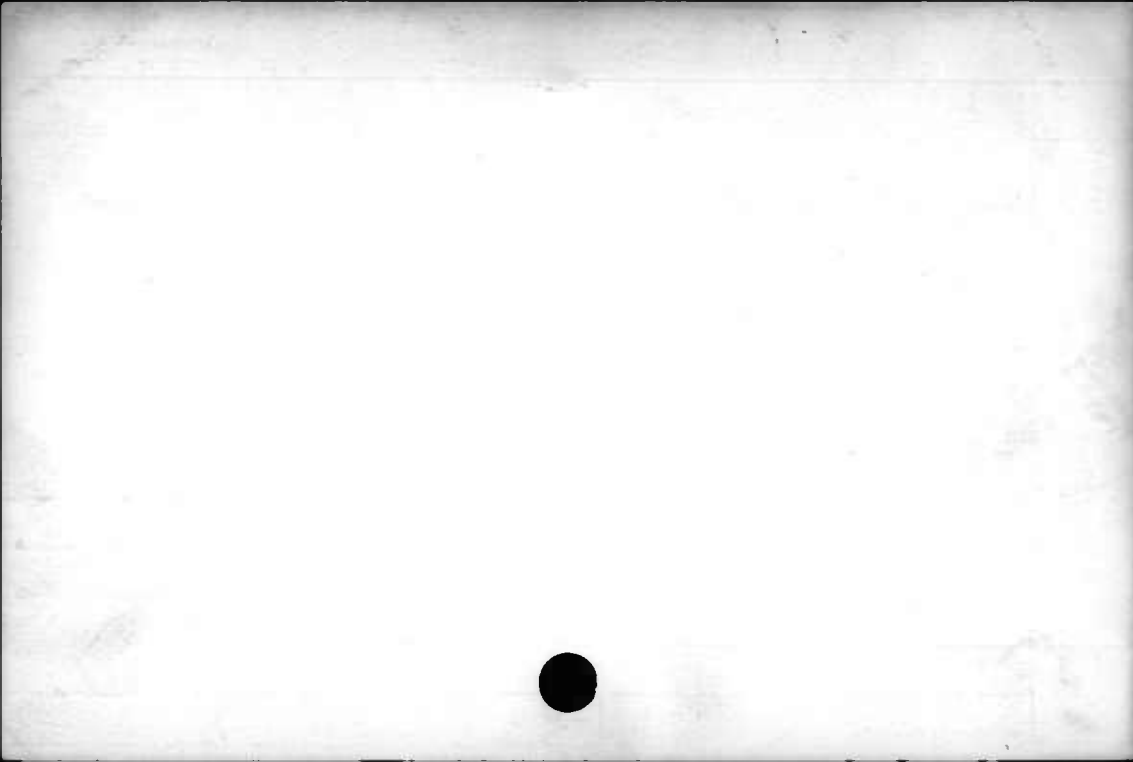
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Years	Months	Days	
of death 190		3	Feb.	2nd	Age	2	22
Sex	male		Color or Race	white		Birth-place	Somerset Co.
Married, Single or Widowed	—			Occupation	—		
Name of Wife or Husband —							
Father's Name				Father's Birthplace			
William J. Hewitt				Somerset Co.			
Mother's Maiden Name				Mother's Birthplace			
Jennie G. James				Somerset Co.			
Name of person giving information				How related to deceased			
				92			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Broncho-pneumonia	How long	10 days
Immediate	Asthma	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	A. J. Windsor
Yes		Address	Danvers, Chester, Md.
no			
Accident or Suicide?			



Emeline Jones

Town

County

Died at

Meslover

Comerset

MARYLAND

Date 1913

Month

Day

Y.

M.

D.

Native of

Occupation

Feb 23rd

Age

65

-

-

Comerset

Housewife

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Singla~~~~Widower~~

Number of children living

3

Husband

of

Wife

Father's

Name

Mother's

Maidan Name

Cause of

Primary

45

How long sick

One Year

Death

Immediate

carcinoma

~~Accident, Suicide, Homicide~~

Reported by

G. E. Dickinson M.D.

Address

Upper Fairmount

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Christiana Kellam

CERTIFICATE OF DEATH

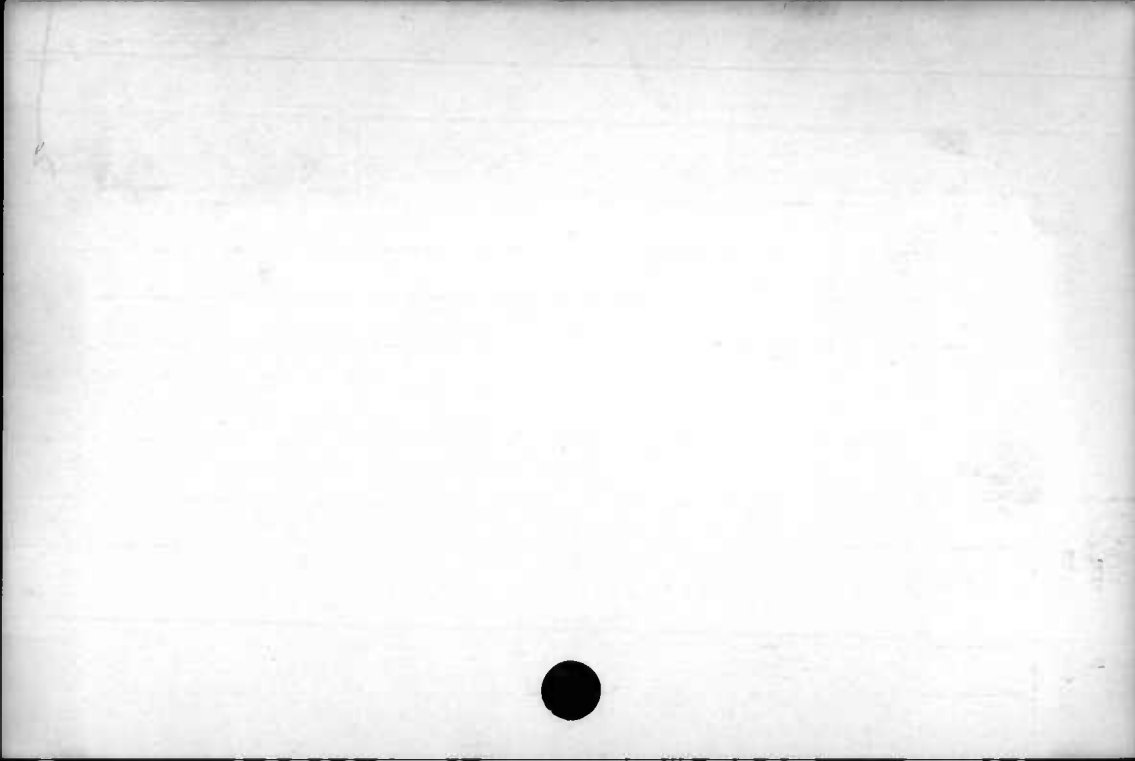
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Marion • Town		Somerset County		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death 190	3	Feb	27	75	—	—	
Sex	Female		Color or Race	White		Birth-place	Marion
Marrled, Single or Widowed	Widow			Occupation			None
Name of Wife or Husband	John H Kellam						
Father's Name	Isaac J Dougherty				Father's Birthplace	Somerset Co	
Mother's Maiden Name	Sarah "				Mother's Birthplace	" "	
Name of person giving information	W H Kellam				How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old age	How long	66
Immediate	Paralysis	How long	immediately
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Undertaker, E A Dixon	
yes		Address Marion Sta Md	
Accident or Suicide?			



Name in Full

Certificate of Death

Baby -
Town
ConfieldLawson
County
Somerset

MARYLAND

Died at

Date 1903

Month 2 Day 7

Age

Y. M. D. 4 hours

Native of

Ma

Occupation

none

Male
FemaleWhite
ColoredMarried
SingleWidow
WidowerDivorced
Number of children livingHusband
of
WifeFather's
Name

Charles E. Lawson

Mother's
Name

Nancy S. Lawson

Cause of

Primary

Premature birth

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

W. F. Hall

151

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Kate Lawson

Died at ^{Town} Oriole ^{County} Somerset MARYLAND

Date 1903 Feb 9 Age 44 Y. M. D. Native of Md Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower Number of children living 8

Husband of John Lawson

Wife

Father's Name James Wilson Mother's Maiden Name Margaret Wallace

Cause of Primary Osteo Sarcoma How long sick 3 mo

Death Immediate Anemia Accident, Suicide, Homicide

Reported by R. L. Thoyt M.D. 45

Address Oriole Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full

Certificate of Death

Ezraiel Hayfield

Town

County

MARYLAND

Died at Year 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Feb. 18

Age 73

- -

md

former

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 2

Husband of

Wife

Father's

Name

Sarah Elizabeth Hayfield

Mother's

Lester Hayfield

Maiden Name

Polly Corrie

Cause of

Primary

Old Age

154

How long sick

8 months

Death

Immediate

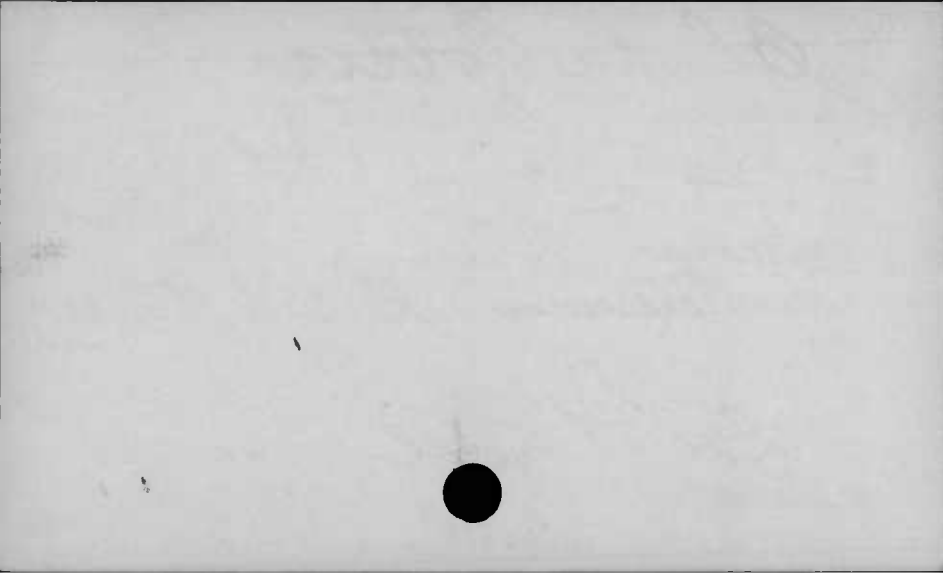
Accident, Suicide, Homicide

Reported by

T. J. Smith m. d. (not in attendance)
P. C. m. d.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Elisha Potter

Died at Kingston ^{Town} Somerset ^{County} MARYLAND
 Date 1903 Feb. ^{Month} 27 ^{Day} Age 76. ^{M.} ^{D.} Native of Md ^{Occupation} Housekeeper
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living Five

~~Husband~~ of George Potter
 Wife
 Father's Name Levin Peterson ~~Mother's~~ Sarah Peterson
 Name

Cause of Primary 134 ~~How long sick~~
 Death Immediate Old age ~~Accident, Suicide, Homicide~~

Reported by Geo. F. Hall, Undertaker
 Address Manorville, Somerset, Co.



Name
in
Full

CERTIFICATE OF DEATH

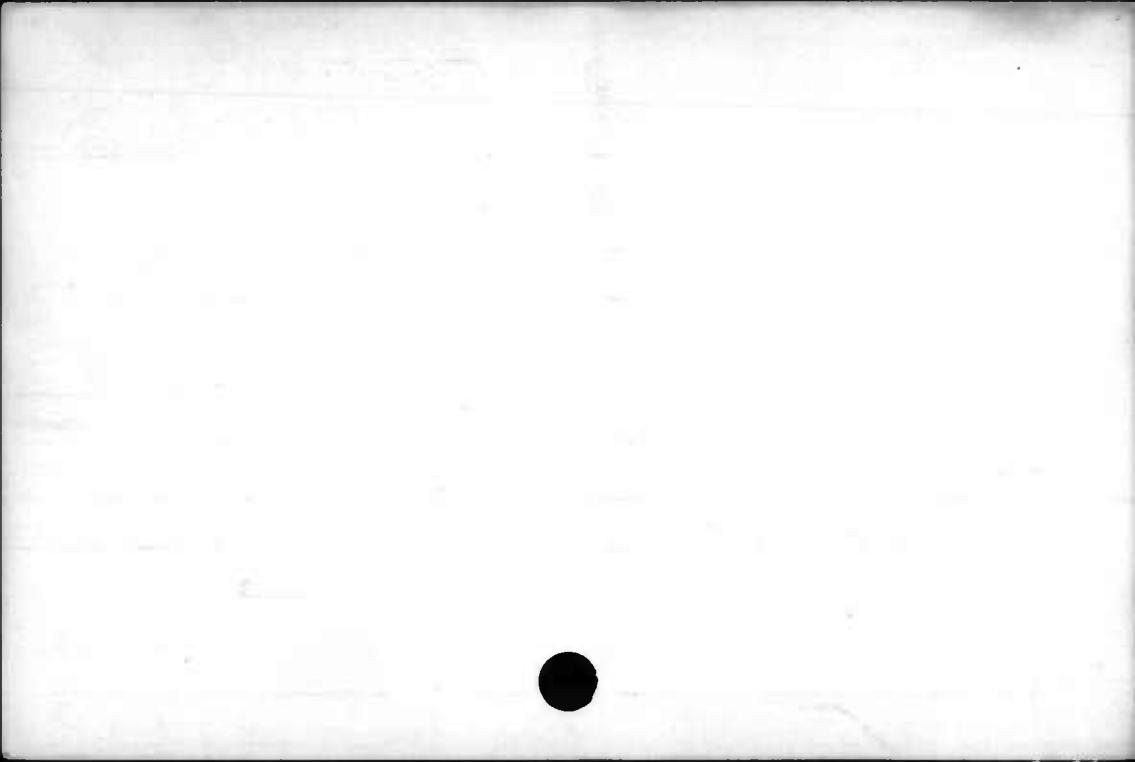
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt. Vernon</i>		Town <i>Somerset</i>		County	
Date of death 190	3	Month	2	Day	4
Age	64	Years	✓	Months	✓
Sex	Male	Color or Race	White	Birth-place	Virginia
Married, Single or Widowed	Widower	Occupation	Waterman		
Name of Wife or Husband					
Father's Name	Robt A. Pruitt			Father's Birthplace	Pa
Mother's Maiden Name	Do not know			Mother's Birthplace	
Name of person giving information	John R. Pruitt Jr			How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Croupus Pneumonia</i>	How long	<i>2 1/2 days</i>
Immediate	<i>Colic</i>	How long	<i>7 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. H. Wilson, M.D.</i>
		Address	<i>Mt. Vernon, Somerset Co</i>
Accident or Suicide?			



Name in Full

Certificate of Death

John Purnell Pusey
 Died at ^{Town} West P. O. Somerset ^{County} Somerset MARYLAND

Date 1903 2 - 26 ^{Month} 26 ^{Day} 69 ^{Y.} Somerset ^{M.} Former ^{D.} Former
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 2

Husband of Maggie Handy
 Wife

Father's Name Mother's
 Maiden Name

Cause of Death { Primary Tuberculosis How long sick 6 months
 Immediate Asphyxia Accident, Suicide, Homicide

Reported by M. W. Gadsborough
 Address Princess Anne Marylands.

Must be signed by physician, if any in attendance, otharwise by coroner, undertaker or minister.



Name
in
Full

Lida Rennerd.

CERTIFICATE OF DEATH

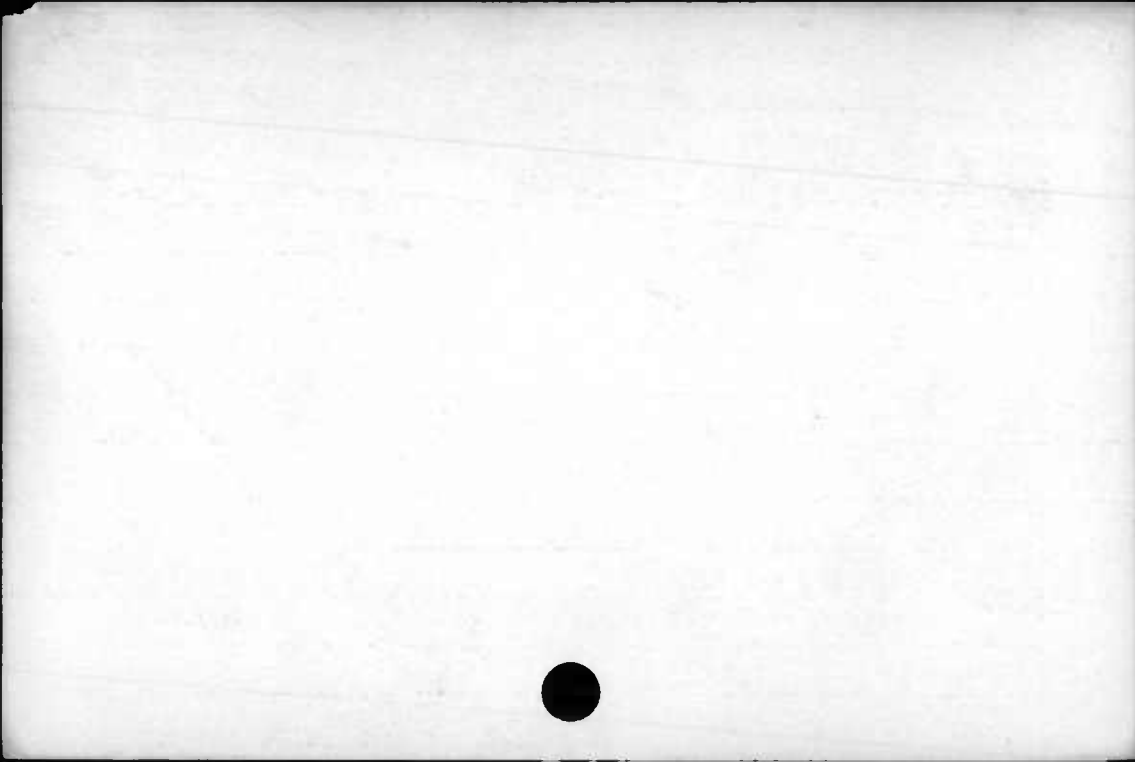
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Centfield.		County Somerset-		MARYLAND	
Date of death 1903		Month July.	Day 11	Age 25-	Years	Months -	Days -
Sex Female-		Color or Race Black-		Birth- place Somerset Co.			
Married, Single or Widowed		Married-		Occupation Domestic-			
Name of Wife or Husband		John Rennerd.					
Father's Name		Reverdy Johnson				Father's Birthplace Somerset Co.	
Mother's Maiden Name		Rita Ann Horsey				Mother's Birthplace Symmes Co.	
Name of person giving In formation		Reverdy Johnson-				How related to deceased Father-	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Septicemia -	How long	3 days.
Immediate	Following Child Birth -	How long	127
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		H. C. Allen	
Address		Centfield, Md.	
Accident or Suicide?			



Name
in
Full

Demmaria Richardson

CERTIFICATE OF DEATH

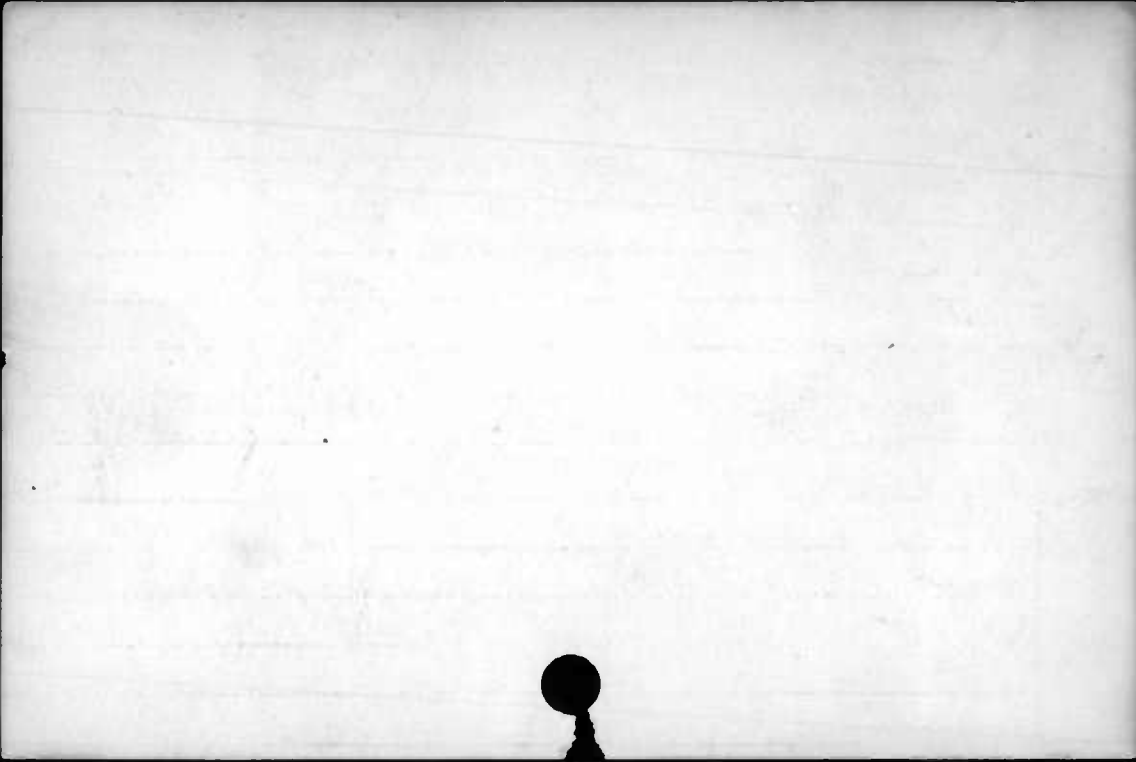
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Crisfield</i> ^{Town}		<i>Somerset</i> ^{County}		MARYLAND	
Date of death 1903	<i>Feb.</i> ^{Month}	<i>2</i> ^{Day}	<i>nd</i> ^{Years}	<i>Age</i>	<i>Months</i> ^{Months} <i>Days</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place		
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>				
Name of Wife or Husband <i>James E. Richardson</i>					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace <i>120</i>		
Name of person giving information <i>J. E. Richardson</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>one year</i>
Immediate <i>Oedema Lungs</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. F. Hall</i>
	Address <i>Crisfield Md</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Luphia Robertson

Town

County

MARYLAND

Died at

Crisle

Somerset

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Feb

11

Age

—

Md

Midwife

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

6

Husband of

Wife

Father's Name

Unknown

Mother's Maiden Name

Unknown

Cause of

Primary

Pneumonia 93

How long sick

6 days

Death

Immediate

Heart Failure

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

Re Le Hoyt M.D.

Address

Crisle P.O. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name in Full

Certificate of Death

Nameless Ruark

Town

County

MARYLAND

Died at

Westford

Somerset

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

2 10

Age

1 Day

Md

Child

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Lafayette Ruark

Mother's

Maiden Name

Virginia Chamberlain

Cause of

Primary

Strangulation

How long sick

Death

Immediate

Asphyxia

166

Accident, ~~Self~~, Homicide

Reported by

Chas. W. Houchens

Address

Princess Anne Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister

LIBRARY BUREAU, 75808



Name in Full		Anne Shewers				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Dames Quarter		Somerset				
	Date of death 190	2	Month	Feb.	Day	11th	Age
	Sex		Female		Color or Race		white
	Married, Single or Widowed		Widowed		Occupation		-
	Name of Wife or Husband		-		Father's Birthplace		-
	Father's Name		-		Mother's Birthplace		-
Mother's Maiden Name				How related to deceased		Son-in-law	
Name of person giving information		Samuel Gladden					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Pneumonia		93		How long
	Immediate		Asthma				How long
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		A. J. Winder, M.D.
	Accident or Suicide?				Address		Dames Quarter, Somerset Co.



Ellen Stevens

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Feb. 11

Age

46

md.

Housewife

~~Male~~~~White~~

Married

Widow

~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living 4

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Tuberculosis

How long sick

one year

Death

Immediate

Asheim

Accident, Suicide, Homicide

Reported by

George Cannon
M.D.

Address

Per J. J.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Oru Tyler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Oru</u> <small>Town</small>		<u>Somerset</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u>	<u>Feb</u> <small>Month</small>	<u>11</u> <small>Day</small>	Age <u>30</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>md</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>Housewife</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Wm W. Tyler</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Theater Lumpkins</u>			Mother's Birthplace <u>md</u>		
Name of person giving information <u>—</u>			How related to deceased <u>—</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tubercular Enteritis</u>	How long <u>6 yrs</u>
Immediate <u>asthenia</u>	How long <u>3 wks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>R. L. Hoyt M.D.</u>
<u>No</u>	Address <u>Oru P.O., md</u>
Accident or Suicide? <u>No</u>	



Name In Full

Certificate of Death

Died at

Date

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Hiram Webster

Town

County

Deal Island

Somerset

MARYLAND

1903 Feb 18

Y. M. D.

Native of Occupation

Md. Workman

Male

White

Married

~~Widow~~~~Dead~~~~Female~~~~Colored~~~~Single~~~~Widow~~

Number of children living

of

Wife

Father's

Name

Mother's

Name

Primary

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Cerebral Haemorrhage

How long sick

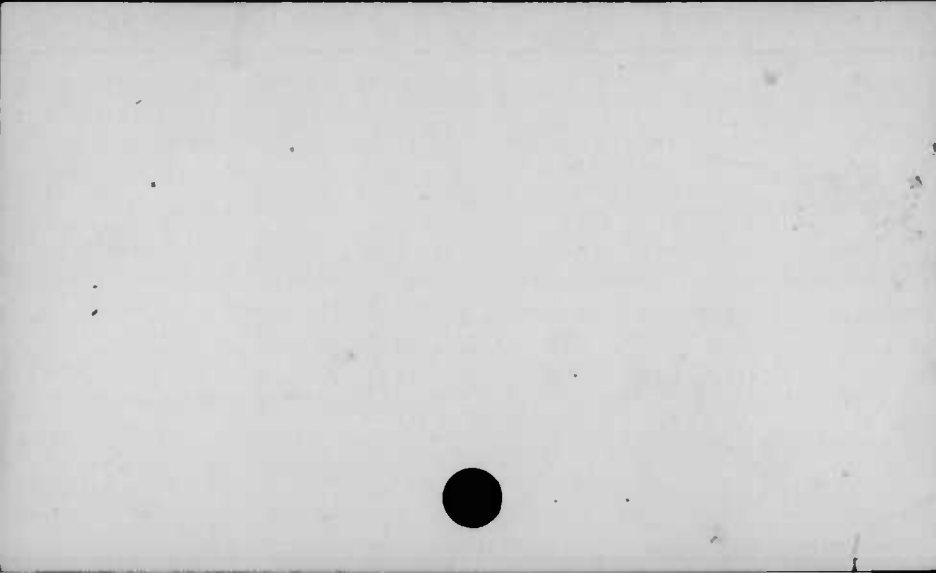
1 day

Apoplexy

Accident, Suicide, Homicide

J. H. Alexander

Deal Island Somerset Co.



Name
in
Full

Tressie Webster

CERTIFICATE OF DEATH

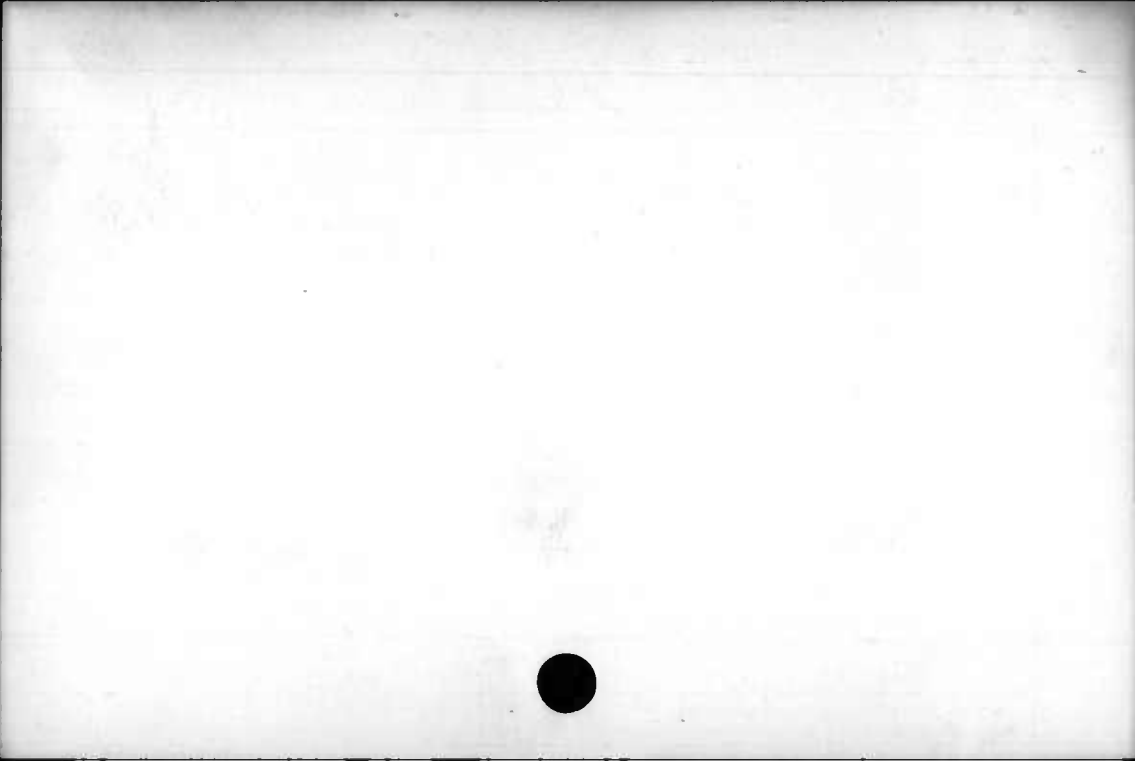
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Deals Island</u> ^{Town}		<u>Somerset</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Feb</u>	Day <u>23</u>	Age <u>13</u> Years	Months <u>11</u>	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>md</u>			
Married, Single or Widowed <u>Single</u>		Occupation			
Name of Wife or Husband					
Father's Name <u>Bert Webster</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Mary W. Webster</u>			Mother's Birthplace <u>md</u>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u> <u>93</u>	How long <u>2 weeks.</u>
Immediate <u>asthma</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>S. W. Windsor, M.D.</u>
	Address <u>Dames Quarter, Somerset Co.,</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Coaston Station</i> <small>Town</small>		<i>White</i> <small>County</small>		MARYLAND	
Date of death 190 <i>8</i>	<i>Feb.</i> <small>Month</small>	<i>20</i> <small>Day</small>	Age <i>-</i> <small>Years</small>	<i>-</i> <small>Months</small>	<i>One hour</i> <small>Days</small>
Sex <i>boy</i>	Color or Race <i>Black</i>		Birth-place <i>Samuel Co.</i>		
Married, Single or Widowed <i>-</i>			Occupation <i>-</i>		
Name of Wife or Husband <i>-</i>					
Father's Name <i>Joane White</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Lucy Cooper</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>Joane White</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Wound - 17 Nov</i>	How long	<i>151</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. Smith</i>	
		Address <i>Princeton, N.J.</i>	
Accident or Suicide?			



CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town, <i>Marion</i>		County <i>Soumeset</i>		MARYLAND	
Date of death	1903	Month	<i>Feb</i>	Day	<i>18</i>	Age	<i>5-9</i>
						Months	<i>—</i>
						Days	<i>—</i>
Sex	<i>Female</i>		Color or Race	<i>Black</i>		Birth-place	<i>Maryland</i>
Married, Single or Widowed	<i>Widow</i>		Occupation	<i>House work</i>			
Name of Wife or Husband <i>—</i>							
Father's Name	<i>Gilbert Lautford</i>					Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Jinnie Hull</i>					Mother's Birthplace	<i>Maryland</i>
Name of person giving information	<i>Sarah Mason</i>					How related to deceased	<i>Grand Daughter</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart Disease 79	How long	Supposed to be a few moments only
Immediate	Cardiac Asthenia	How long	Instantaneous
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician	O. B. B. Bruce M.D.
		Address	Marion Station Ind.
Accident or Suicide?			



Name in Full

Certificate of Death

John William Wilson
 Died at ^{Town} *Chesfield* ^{County} *Somerset*

MARYLAND

Date 1903 ^{Month} 7 ^{Day} 10 ^{Y.} 14 ^{M.} 9 ^{D.} - ^{Native of} *md* ^{Occupation} *nm*
 Male White Married Widowed Divorced
~~Female~~ ~~Colored~~ Single Widower Number of children living *7*

Husband
 of
 Wife

Father's Name *William L. Wilson* Mother's Name *Betsy A. Wilson*

Cause of Death { Primary *Chronic Nephritis* Immediate
 How long sick *5 years*
 Accident, Suicide, Homicide

Reported by

W. F. Hall 120

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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